03/28/2014 17 : 22 Image# 14960567830 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
American Hospital Association PAC	C C00106146
	M - M / D - D / Y - Y - Y
Check if 24-hour report 48-hour report New report Amends report filed	
Full Name of Payee Public Opinion Strategies	Date of Public Distribution/Dissemination
	03 27 2014
Mailing Address 214 North Fayette Street	Amount
City State Zip Code	18000.00
Alexandria VA 22314	Transaction ID: 21643251 Date of Disbursement or Obligation
Purpose of Expenditure Polling Category/ Type 005	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Offic	e Sought: X House District: 02
Rep. Mike K. Simpson Oppose	President Senate State: ID
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Mentzer Media Services, Inc.	03 27 2014
Mailing Address 600 Fairmount Avenue	Amount
Suite 306	Allount
City State Zip Code	88900.00
Towson MD 21286	Transaction ID : 21643360 Date of Disbursement or Obligation
Purpose of Expenditure Television Advertising Category/ Type 004	M = M / D = D / Y = Y = Y
	e Sought:
Rep. Mike K. Simpson Oppose	President Senate State: ID
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: X Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	106900.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
	7 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	03 28 2014
Signature	